

2.1.0 INSTRUCTIONAL PROGRAMS

An instructional program is a training program for nurse aides (including home health and hospice aides) approved by the Department of Health and Family Services (DHFS), Bureau of Quality Assurance (BQA). The purpose of an instructional program is to provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing or nursing-related services to residents in a skilled nursing facility (SNF) or nursing facility (NF) and who are not licensed health professionals or volunteers who provide services without monetary compensation.

In Wisconsin, all approved nurse aide training programs must provide students with comprehensive instruction on the requirements to work in all types of health care facilities (e.g., nursing homes, home health agencies, hospices, intermediate care facilities for persons with mental retardation, etc.). BQA approves nurse aide training programs that satisfy the standards outlined in s. 42 CFR 483.152 and Chapter HFS 129 of the Wisconsin Administrative Code.

BQA reviews the curriculum of each approved training program at least once every 24 months following the approval date to determine whether the program continues to satisfy the required standards. BQA may suspend or revoke the approval of a training program or impose a plan of correction on the program if the program does not satisfy the required standards or operates under conditions other than those contained in the approved application.

2.1.1 Prohibitions

Federal regulations prohibit BQA from approving a training program offered by or in a facility if, in the 2 years prior to the application:

- A skilled nursing facility had a waiver of the requirement for a full time registered nurse employed 40 hours a week;
- A nursing facility had a waiver of the requirement for a registered nurse for at least 8 consecutive hours, 7 days a week;
- A skilled nursing facility or a nursing facility has been subject to an extended or partial extended survey under federal regulations;
- A skilled nursing facility or a nursing facility has been subject to a federal civil money penalty of not less than \$5,000;
- A skilled nursing facility or a nursing facility was terminated as a provider under Title 18 (Medicare) or under the State plan under Title 19 (Medicaid);
- A skilled nursing facility or a nursing facility had been subject to the penalty of denial of payment under Title 18 or Title 19;
- A skilled nursing facility or a nursing facility was subject to the penalty of an appointment of a temporary manager to oversee operations;
- A skilled nursing facility or a nursing facility was closed or had its residents transferred due to State action.

Chapter 2 – NURSE AIDE TRAINING

2.1.2 Waivers

A facility may request a waiver of the 2-year prohibition by writing to BQA, specifying the rule from which the waiver is requested and the time period for which it is requested. BQA will review the request to ensure the following conditions are met:

- There is no approved training program within a 35-mile or 45-minute radius from the facility requesting the waiver;
- The facility is an adequate training environment because the prohibitions were nonresident/nursing care related;
- An approved training program unrelated to the facility has agreed to provide the training; and,
- The applicant has alerted the ombudsman of its waiver request.

Submit waiver requests to the:

Nurse Aide Training Consultant
Bureau of Quality Assurance
2917 International Lane, Suite 300
Madison, WI 53704

BQA will approve or deny each waiver request in writing within 60 days of receipt. BQA may modify the terms of a waiver request, impose other conditions or limit the duration of a waiver that is approved. If a waiver is denied, the facility may appeal BQA's decision

2.1.3 Appeal Process

The denial of a nurse aide training program application or request for a waiver of the 2-year prohibition may be appealed by submitting a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The request for hearing must be submitted within 30 days after the date of denial.

2.2.0 PRIMARY INSTRUCTOR AND PROGRAM TRAINER STANDARDS

Nurse aide students must be trained by or under the general supervision of a registered nurse who has a minimum of two years of nursing experience, at least one year of which must be in the provision of services at a long-term care facility.

2.2.1 Primary Instructor

The individual designated as Primary Instructor of a nurse aide training program must:

- Be a registered nurse licensed to practice in Wisconsin;
- Have a minimum of 2 years of experience working as a registered nurse, 1 year of which must be in the provision of long term care; and
- Have completed a course in teaching adults or supervising nurse aides.

The primary instructor must provide a resume documenting his or her education and clinical experience in meeting clients' psychosocial, behavioral, cognitive and physical needs to the training program. Include the instructors' dates of work and educational experience. Note whether work experiences were full-time or part-time. If part-time, list the number of hours worked per week and the total number of weeks worked. An Instructor Resume Fact Sheet is provided within the application for the use of instructor applicants. The program must keep that resume on file. When submitting the ***Nurse Aide Instructional Program Application*** form, DDE-2220, the program must include a copy of the following for each primary instructor:

- Resume;
- RN License;
- Train the Trainer Certificate or equivalent; and
- Social Security card.

The Train the Trainer course must be approved by BQA (see 2.2.1.2). BQA may waive this requirement for an instructor who has completed a substantially equivalent course, or received substantially equivalent training or clinical experience. Equivalent training must include 16 hours of coursework or training in at least 4 of the following course content areas:

- Principles of adult learning;
- Formulation of training objectives;
- Curriculum design;
- Lesson plan development;
- Teaching strategies and methodologies;
- Development of learning materials;
- Evaluation of the trainee;
- Development of a record keeping system.

To qualify as a primary instructor under the provisions of the substantially equivalent clinical experience, the person must submit a summary of how the course content topics noted above were utilized in his or her employment. The summary must include documentation supporting the information given, e.g., copies of course objectives, lesson plans, trainee evaluations, etc. The person should also state the length of time involved in teaching nurse aides or other health care providers.

Chapter 2 – NURSE AIDE TRAINING

Example: Denise L. is a Red Cross certified CPR instructor. She provides copies of the training materials she uses to conduct a CPR training course with her primary instructor application. Denise's experience as a CPR instructor is considered substantially equivalent clinical experience.

2.2.1.1 *Notification of Change in Primary Instructor*

When the program changes a primary instructor, the program must notify BQA of the change **within 10 days**. The program must apply for approval of a new primary instructor on a **Notice of Substantial Change** form, DDE-2224 and submit the required materials (see 2.2.1) to BQA as soon as the identity of the replacement primary instructor is known.

BQA will issue a written notice regarding the approval or denial of the replacement primary instructor. A new primary instructor may **not** begin instruction until the program receives written approval from BQA.

2.2.1.2 *Training Course for Primary Instructors*

Application for approval of a training course for primary instructors (i.e., Train the Trainer) must be made on **Application for the Approval of a Training Course for Primary Instructors** form, DOH 2216. Within 90 days of receiving an application for a primary instructor training course, BQA will either approve or deny the application in writing.

A training course for primary instructors must be a minimum of 16 hours in length and cover the following areas:

- Principles of adult learning and training techniques;
- Formulating training objectives, including behavior objectives which state measurable performance criteria for competency evaluation;
- Designing the curriculum to provide a logical organization of the material;
- Developing lesson plans;
- Choosing appropriate teaching strategies and methodologies;
- Developing learning materials;
- Applying methods for evaluating trainee learning;
- Effectively supervising trainees' clinical experience;
- Defining criteria for successful achievement of training program objectives; and
- Developing a record keeping system.

The instructor of the training course for primary instructors must be a registered nurse who is licensed to practice in Wisconsin and has a minimum of 2 years of experience as an instructor of nursing practice or as an instructor of nurse aides.

2.2.2 Program Trainer

Personnel from the health related fields may serve as program trainers to meet specialized instructional needs. Program trainers **must** have a minimum of 1 year of experience in the area in which they will provide training and **must** work under the general supervision of the primary instructor. They may **not** be used as a trainer until approved by BQA. Examples of program trainers include:

- Licensed registered nurses
- Licensed practical nurses
- Pharmacists
- Dietitians
- Social workers
- Registered sanitarians
- Fire safety experts
- Health care administrators
- Gerontologists
- Psychologists
- Physical and occupational therapists
- Activity therapists
- Speech and language pathologists
- Audiologists.
- Interpreters

A licensed practical nurse (LPN) or licensed vocational nurse (LVN) under the supervision of the primary instructor may provide skills training instruction and supervision if he or she has one (1) year of experience in caring for the elderly and/or the chronically ill of any age.

2.3.0 STANDARDS FOR TRAINING PROGRAMS

Applications for nurse aide training programs must satisfy specific federal and state approval requirements.

2.3.1 Program Hourly Requirement

A training program must be a minimum of **75 hours** in length. This requirement includes a minimum of fifty-nine (59) hours of classroom instruction and skill practicum and a minimum of sixteen (16) hours of clinical experience in an approved clinical setting. The initial sixteen (16) hours of training must be provided in a classroom setting prior to a student's direct contact with the residents. Tours of a facility including observations of residents and day-to-day facility activities may be incorporated; however, competency evaluation and provider orientation **may not** be counted toward meeting the 75-hour minimum requirement.

The following five areas must be covered in this initial sixteen hours of classroom training.

Chapter 2 – NURSE AIDE TRAINING

- Communication and interpersonal skills;
- Infection control;
- Safety/emergency procedures;
- Promoting resident's independence; and
- Respecting resident's rights.

Students may be employed after sixteen (16) hours of classroom training if the above topics have been covered in class pursuant to the requirements of HFS 129. The program must provide the employer with verification that the program has provided the above instruction.

2.3.2 Curriculum

A training program must include theory and practice in at least the following **6 care areas**:

1. Interpersonal communication and social interaction;
2. Basic nursing skills;
3. Personal care skills;
4. Basic restorative skills;
5. Rights of clients; and,
6. Dementias.

2.3.2.1 *Interpersonal Communication and Social Interaction*

A training program must incorporate interpersonal communication and social interaction skills that enable a nurse aide to:

- Communicate and interact on a one-to-one basis with a client;
- Serve as part of a team implementing client care objectives;
- Demonstrate sensitivity to clients' emotional, social and psychological needs through directed interactions; and
- Promote allowing clients to make personal choices and reinforce behavior that supports a client's sense of dignity.

A nurse aide must be able to:

1. Identify the components of a caregiver-client relationship and:
 - Recognize the uniqueness of each client, in terms of that person's cultural, generational, social, ethnic, religious or other background, values or characteristics;
 - Recognize the needs of a client with Alzheimer's disease, dementia, mental illness or mental retardation;
 - Recognize ways that both workers and clients cope with stress;
 - Recognize what constitutes caregiver misconduct (see Chapter 6 of *The Wisconsin Caregiver Program Manual*); and
 - Recognize the messages conveyed by body language and facial expressions.
2. Establish effective relationships with clients and:
 - Communicate with clients with respect and dignity;

Chapter 2 – NURSE AIDE TRAINING

- Explain procedures and activities to clients before carrying out the procedures or beginning the activities;
 - Demonstrate concern for clients who have long-term or disabling illnesses or are dying; and,
 - Identify developmental tasks associated with the aging process (those functions normally associated with the aging process, including but not limited to acceptance of and adjustment to physical changes, retirement and life review).
3. Use appropriate verbal and nonverbal communication skills with clients and:
 - Recognize effective listening techniques;
 - Distinguish assertive from aggressive responses;
 - Identify the difference between acceptable and unacceptable touching during job performance; and,
 - Identify therapeutic interventions and specialized techniques for responding to wandering and confusion.
 4. Recognize common barriers to communication including language, vision changes, hearing loss, speech problems, memory loss and disorientation.
 5. Promote the independence of clients within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.
 6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for emotional support.

2.3.2.2

Basic Nursing Skills

A training program must include basic nursing skills including:

- Bed making;
- Taking vital signs;
- Measuring height and weight;
- Caring for the client's environment;
- Measuring fluid and nutrient intake and output;
- Assisting in the provision of proper nutritional care;
- Walking or transferring the client using body mechanics; and
- Maintaining infection control and safety standards.

A nurse aide must be able to:

1. Demonstrate acceptable personal hygiene habits;
2. Recognize the components of working relationships;
3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency;

Chapter 2 – NURSE AIDE TRAINING

4. Use proper body mechanics (use of the muscles of the body and the skeletal system in such a way as to avoid injury or strain when assisting in the movement, positioning and transfer of a client);
5. Understand the meaning of common medical terms and abbreviations;
6. Observe and report changes in client behavior and physical status, including recognizing abnormal signs and symptoms of common diseases and conditions;
7. Recognize the circumstances that require assistance to a client who may be choking on ingested food particles;
8. Recognize generally the normal physical and psychological changes associated with aging;
9. Identify the basic principles of nutrition and hydration;
10. Recognize and report deviations from a client's normal food and fluid intake and output;
11. Recognize the basic requirements of commonly prescribed therapeutic diets;
12. Employ common measures to promote a client's skin integrity, considering the client's ethnicity, race and age;
13. Demonstrate appropriate techniques in walking, transferring, positioning and transporting clients;
14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails;
15. Recognize and respond appropriately to emergency situations, including following emergency evacuation procedures;
16. Demonstrate appropriate hand washing techniques;
17. Apply soft restraints as ordered and identify restraint reduction techniques;
18. Maintain the safety and cleanliness of client care areas and areas where food is stored;
19. Make use of proper isolation techniques;
20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions;
21. Make occupied and unoccupied beds;
22. Measure temperature, pulse and respiration;
23. Measure a client's weight and height;
24. Record objective information, such as a client's height and weight;
25. Apply nonprescription ointments to unbroken skin areas;
26. Assist with care of clients when death is imminent; and
27. Assist with post-mortem care.

2.3.2.3

Personal Care Skills

A training program must include basic personal care skills, including:

- Bathing;
- Mouth care;
- Grooming;

Chapter 2 – NURSE AIDE TRAINING

- Dressing and toileting; and
- Assisting with eating, hydration and skin care.

A nurse aide must demonstrate the ability to:

1. Give a complete or partial bed bath and assist clients in taking baths and showers;
2. Provide care of the perineal area;
3. Apply appropriate oral hygiene practices, including caring for the client's dentures;
4. Provide nail, hair and skin care;
5. Shave and shampoo clients, including applying nonprescription medicated shampoos;
6. Dress and undress clients;
7. Prepare clients for meals;
8. Assist in feeding clients, including helping clients use adaptive devices and feeding utensils and encouraging clients to eat nutritionally balanced meals; and
9. Assist with bowel and bladder elimination.

2.3.2.4

Basic Restorative Skills

"Restorative services" mean education and training aimed at restoring the client to the fullest possible level of functioning, to promote and maintain the client's fullest possible level of functioning and to prevent further loss of functioning. A training program must include instruction in restorative services including:

- The application of assistive devices for ambulating, eating and dressing;
- Maintenance of range of motion through appropriate exercises;
- Proper turning and positioning, both in bed and chair;
- Proper transferring techniques;
- Bowel and bladder training; and
- Care and use of prosthetic devices such as hearing aids, artificial eyes and artificial limbs.

A nurse aide must demonstrate the ability to:

1. Recognize the importance of bowel and bladder programs;
2. Recognize methods for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to:
 - Position clients by use of pillows, towel rolls, padding and footboards;
 - Perform simple range of motion exercises; and,
 - Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.
3. Transfer clients as necessary using Hoyer lifts, wheelchairs and gait belts;
4. Reinforce breathing exercises, including coughing and deep breathing; and,

Chapter 2 – NURSE AIDE TRAINING

5. Help clients use hearing aids and glasses.

2.3.2.5 *Rights of Clients*

A training program must cover principles and requirements relating to clients' rights.

A nurse aide must demonstrate behavior that indicates he or she recognizes at least the following obligations in relation to clients' rights:

- To provide privacy for clients in treatment, living arrangements and caring for personal needs;
- To maintain the confidentiality of client health and personal records;
- To allow clients to make personal choices to accommodate their needs;
- To provide help needed by clients in getting to and participating in activities, including client and family group meetings;
- To maintain the personal possessions of clients in good and secure condition;
- To care for clients in a manner that does not involve abuse or neglect; and respects their personal property; and,
- To report every instance of caregiver misconduct (abuse, neglect or misappropriation) to appropriate facility staff. See *The Wisconsin Caregiver Program Manual*, Chapter 6, <http://dhfs.wisconsin.gov/caregiver/publications/CgvrProgMan.htm>

A nurse aide must demonstrate behavior that recognizes clients have rights and that the aide respects those rights. A nurse aide must:

- Demonstrate respect and concern for each client's rights and preferences and awareness of ethnic, cultural, social, generational and religious differences;
- Show respect for cultural, ethnic and religious food preferences;
- Recognize what constitutes caregiver misconduct and demonstrate an understanding of how to interact with clients to avoid behavior which can be interpreted as caregiver misconduct;
- Demonstrate prevention and intervention skills with combative clients which balance appropriate client care with a need to protect self and others;
- Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating allegations of caregiver misconduct;
- Demonstrate an understanding of the process by which a client or staff member may file a grievance on behalf of a client and seek redress for a perceived violation of client rights;
- Recognize the role of client advocacy groups as a client resource; and,
- Demonstrate awareness of how to file a complaint with DHFS regarding operations within the provider setting.

Chapter 2 – NURSE AIDE TRAINING

2.3.2.6 *Dementias*

A training program must include instruction about the dementias and techniques for meeting the basic needs of clients with dementia including:

- The nature of dementia, including the cause, course and symptoms of the impairment;
- How staff verbal and nonverbal communication affect the client and how to modify these communications to improve interaction with clients;
- The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems;
- The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning;
- The specialized techniques for responding to client behavior such as wandering and confusion;
- Diversional activities such as specially selected soft music and therapeutic ambulation that should be used in caring for clients with dementia; and
- The stress dementia creates for the client, the family and the nurse aide caring for the client and techniques for coping with this stress.

2.3.3 **Program Operation**

To meet federal and state approval requirements, a training program must have **all** of the following:

1. Access to an approved clinical setting;
2. Qualified faculty members for both the classroom and skills portions of the training program;
3. Reasonable accommodations for students and prospective students with handicapping conditions;
4. An adequate number of clinical instructors in the clinical setting to provide safe and effective supervision and assistance; and
5. Classroom facilities that are adequate to meet the needs of the program.
6. Policies related to attendance, grading, uniforms, confidentiality, etc.
7. Provide notification to students sponsored by Medicaid-certified nursing facilities that the students are not responsible for any costs associated with training, including deposits for textbooks or supplies used.

2.3.3.1 *Classroom Setting*

The size of the classroom or lab is not specified; however, both a classroom and lab will be evaluated for adequacy based on the number of students enrolled and how the space is used. Programs must ensure that classroom and skills labs have adequate temperature controls, clean and safe conditions, adequate space to accommodate students, adequate lighting, and all equipment needed, including audiovisual equipment and

Chapter 2 – NURSE AIDE TRAINING

any equipment needed for simulating resident care. Lab equipment must be in the skill lab at all times for demonstration, practice, and student demonstration.

Any area designated as a classroom or lab in a facility-based program must be an area that is not designated for resident care.

2.3.3.2 *Clinical Setting*

Supervised practical training in a clinical setting is when the trainee demonstrates knowledge while performing tasks or services for a person under the direct supervision of a RN or LPN. Students **must not** perform any services for which they have not been trained and found proficient by the instructor.

Clinical sites must be in good standing with the Department's Bureau of Quality Assurance. The program designee or primary instructor and the nursing facility with which he or she has contracted are responsible for verifying that clinical facilities used to train nurse aide students are in good standing with BQA. This is to ensure that the status of the facility is current and that the facility is in compliance with the mandates of appropriate regulatory agencies. This verification must be documented in the program's files and must be available during the evaluation process.

The clinical contract must be reviewed and renewed annually and upon any change of facility or school administration. A copy of this must be submitted to BQA. Information pertaining to the development of the Clinical Contractual Guidelines/Suggestions is included in the packet.

During classroom and lab instruction, students should be oriented to the various forms used to document resident information. Instructors must supervise documentation on the appropriate flow sheets and forms during the clinical rotation.

The primary instructor must evaluate and document that a student demonstrated successfully the ability to perform a skill prior to the student beginning a clinical rotation.

Students may not give care to residents that are not assigned to them. Students are not to be assigned to or supervised by facility aides at any time during their clinical rotation. All clinical instruction must occur under instructor supervision.

Students must maintain safe practices, infection control and respect resident rights at all times.

Students must demonstrate knowledge regarding the assigned residents' diagnoses and identified needs.

Chapter 2 – NURSE AIDE TRAINING

Students and instructors must wear clothing that is in compliance with school policy and that is appropriate for performing resident care. The uniform must include a nametag that designates the name of the NATP and the individual's status (i.e., student or instructor).

The scheduled clinical hours must provide experiences that meet expected outcomes outlined in the Wisconsin Administrative Code HFS 129.

The length of the clinical day will not exceed eight (8) hours.

2.3.3.3 *Instructor Duties*

Primary Instructors must not be involved in another role while supervising students in the clinical area. The ratio of instructors to trainees in skills training must be adequate to ensure that each trainee receives safe and effective assistance and supervision. A ratio of 6 to 8 students per instructor is considered to be adequate in most circumstances.

The Primary Instructor makes all student clinical assignments with the approval of the facility staff. The instructor must complete a review of the residents' charts to retrieve pertinent information needed by the students to provide the required cares. The instructor should provide this information on a worksheet for each student. Care plan information is to be reviewed at the beginning of each clinical experience and should include new orders or changes in resident status.

Student assignments should be posted on the unit 24 hours in advance of the arrival of the students. The posting should include the name of the program, the names of the students, and the names and room numbers of the residents that each student will be caring for. During at least one clinical experience, it is recommended that each student care for a minimum of two, but not more than four residents during a specified clinical day. Students should be given individual assignments. More than one student should not be assigned to the same resident at the same time.

Clinical assignments should include the following:

- a. Care of residents with varied levels of care needs and
- b. The opportunity to be evaluated on organizational skills and time management.

The primary instructor is responsible for supervising the clinical performance of all LPN instructors.

Chapter 2 – NURSE AIDE TRAINING

2.3.3.4 *Expectations and Record Retention*

A training program must maintain a list of the skills and a summary of the knowledge that a trainee is expected to have upon completion of the training program.

The primary instructor must individually record the date a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. Upon satisfactory completion of the training program, the trainee **must** be allowed to take the State approved written or oral competency evaluation examination and a skills competency demonstration examination.

The training program must maintain student records on file for a minimum of three (3) years. The records must include

The training program must retain all required records for at least 3 years, including the student's:

- Name
- Social Security Number
- Attendance record (dates and hours)
- Skills checklists
- Test scores
- Final exam scores
- Course evaluations
- Other relevant documentation

The program must provide all students who successfully complete the program with a certificate of completion that certifies the student's successful completion of the program.

2.3.3.5 *Facility Based Program*

Training of nurse aides may be performed under the general supervision of the director of nursing (DON) for a facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer. Instructors must not be involved in more than one role while supervising students in the clinical area.

2.3.3.6 *Notification of Substantial Changes in the Program*

An approved NATP must report **all** substantial changes in the program to BQA. Substantial change means any change in the:

- Program designee
- Primary instructor
- Curriculum
- Clinical Site
- Classroom

Chapter 2 – NURSE AIDE TRAINING

- Program site.

The program must apply for approval on a **Notice of Substantial Change** form, DDE-2224 within **10days** of the change. The program **may not** implement the change until it receives BQA approval. BQA may review the entire program if a program makes several changes within a 2-year approval period. BQA will approve or deny all requests for program changes in writing.

Failure to notify BQA of a substantial change may result in suspension or revocation of approval of the training program.

2.4.0 PROGRAM APPLICATION

1. The individual agency must make the request for the **Nurse Aide Instructional Program Application** form, DDE-2220 in writing to BQA.
2. BQA provides the applicant with a Training Program Packet, which includes the following:
 - a. Application for Approval of a Nurse Aide Training Program
 - b. Primary Instructor Application
 - c. Class/Lab Equipment Supply List
 - d. Clinical Contractual Guidelines/Suggestions
 - e. Background Information Disclosure
3. An individual applicant must provide his or her social security number. Corporation or other business organizations must provide their federal employer identification number (FEIN). The applicant must provide any additional information requested by BQA during its review of the application.
4. The applicant returns the prerequisite items, including completed Caregiver Background Check and application forms to BQA for review.

2.4.1 Program Designee

The program must designate a person to be responsible for the program operation and compliance with applicable requirements. That program designee must be noted on the application.

2.4.1.1 Notification of Change in Program Designee

The program must notify BQA **within 10 days** when there is a change in the program designee. A program **may not operate** without a program designee. The program must provide written notice to BQA on a **Notice**

Chapter 2 – NURSE AIDE TRAINING

of Substantial Change form, DDE-2224, as soon as the identity of the permanent replacement designee is known.

2.5.0 APPLICATION REVIEW

BQA reviews the submitted application materials and determines if the application is complete and all prerequisites have been met. The Bureau of Quality Assurance will review a training program application for:

- Prohibitions and waivers (see 2.1.0 – 2.1.2);
- Program content and length (see 2.3.0 – 2.3.2.6);
- Appropriate ratio of classroom instruction to skills training (2.3.3.3);
- Standards for instructors (see 2.2.1);
- Type of clinical supervision, including an appropriate ratio of students to instructor (see 2.2.3.2 – 2.3.3.3);
- Provision for written evaluation of the program (see 2.3.3.4);
- Reasonable accommodations for students and prospective students with handicapping conditions;
- Criteria for successful completion; and
- Appropriate furnishing of physical facilities to meet classroom instruction and skills training needs.

BQA will issue a written decision to approve or deny the application within 90 days of receiving an application.

- a. If the information is complete, BQA will mail a notice of preliminary approval to the owner of the program.
- b. If the material is incomplete, BQA will request additional information.
- c. When prerequisites are met, BQA will schedule an on-site evaluation.

A program may attempt twice under a single application to meet the requirements for certification. If a second submission of materials fails to meet the certification requirements, the program will not be certified and the applicant will have to wait for one calendar year from the date of denial to reapply to BQA.

2.5.1 Duration of Approval

BQA will approve a training program for up to 2 years. BQA will issue an approval notice for each 2-year period.

2.6.0 PROGRAM MONITORING

BQA will conduct a review of a program within six (6) months of the date on which the department initially approved the program. BQA staff may conduct an on-site survey review of the program at any time to verify that the program is in compliance. The on-site survey may include a visit to a clinical site.

Surveys may be scheduled as follows:

- a. Initial (on-site prior to approval),

Chapter 2 – NURSE AIDE TRAINING

- b. Within 6 months of approval,
- c. Every two (2) years,
- d. Complaints, and
- e. As deemed necessary by BQA.

It is the responsibility of the instructor to inform the facility administrator or director of nurses of the date of the program's biannual the arrival of the BQA staff who will perform the review, and obtain clinical assignment and resident information.

BQA staff request approximately 10 to 15 minutes during the preclinical conference to inform students of their role in the evaluation process.

Observations of student performances will include, but will not be limited to, the expected outcomes of the curriculum.

BQA reserves the right to conduct unannounced evaluations of its certified NATPs. The State Operations Manual 02-92 states that the approval of an NATP may be withdrawn if the program refuses to permit unannounced state visits.

The program must submit an ***Annual Review – Nurse Aide Instructional Program*** form when requested by BQA. The program must also provide any additional information requested by BQA during its review of the program. Send completed reports to the:

Nurse Aide Training Consultant
Bureau of Quality Assurance
2917 International Lane, Suite 300
Madison, WI 53704

2.6.1 Suspension, Revocation and Appeals

If at any time BQA determines that a program has failed to comply with any of the nurse aide training program requirements identified in 2.1.0 through 2.6.0 (except the federal prohibitions in 2.1.1), it may suspend or revoke approval of the program or impose a plan of correction on the program.

BQA **must** revoke approval of a nurse aide training program offered by a facility if the Bureau determines that the program has violated any of the federal prohibitions listed in 2.1.1. BQA must also withdraw approval of a program if the entity providing the program refuses to permit on-site visits by BQA. BQA will notify the program in writing of the reasons for revoking approval of the nurse aide training program. Students in a course that began before the date of the suspension or revocation by BQA must be permitted to complete that course.

Chapter 2 – NURSE AIDE TRAINING

A training program may appeal the suspension or revocation of approval or imposition of a plan of correction within **10 days** of the decision date by sending a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

A training program that has filed a written request for hearing after a program suspension or revocation **must not** begin a new training course pending the final decision by DHA. DHA will commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. The DHA decision is the final administrative decision.

2.7.0 TRAINING SITES

A current list of approved nurse aide training programs may be found at [Approved Wisconsin Nurse Aide Training Programs](#)